



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**APPLICATION FOR GOOD CAUSE WAIVER**

Type or Print Clearly

**SECTION A - APPLICANT INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES USED (LAST, FIRST, MIDDLE)					
MAILING ADDRESS (STREET OR PO BOX)		CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER ____		DATE OF BIRTH / /		DAYTIME TELEPHONE NUMBER ( ) ____	

**SECTION B – TYPE OF WAIVER REQUESTED (CHECK ALL THAT APPLY)**

<input type="checkbox"/>	<b>Criminal Record</b> <i>(attach criminal history record from Missouri State Highway Patrol and a certified court document for each disqualifying offense)</i>
<input type="checkbox"/>	<b>Child Abuse/Neglect</b> <i>(attach certified investigation report from Department of Social Services for each finding)</i>
<input type="checkbox"/>	<b>Foster Parent License Denial, Revocation or Involuntary Suspension</b> <i>(attach a certified investigative report from Department of Social Services)</i>
<input type="checkbox"/>	<b>Other:</b> _____ <i>(identify listing on the Family Care Safety Registry for which a waiver is requested. Attach a certified investigative report or other documentation of the incident(s) which resulted in inclusion on the list)</i>

**SECTION C – RESIDENCY**

LIST DATES AND LOCATIONS RESIDED SINCE OFFENSE(S) OCCURRED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

FROM (MO/YR) /	TO (MO/YR) /	CITY	STATE
FROM (MO/YR) /	TO (MO/YR) /	CITY	STATE
FROM (MO/YR) /	TO (MO/YR) /	CITY	STATE
FROM (MO/YR) /	TO (MO/YR) /	CITY	STATE
FROM (MO/YR) /	TO (MO/YR) /	CITY	STATE

**SECTION D – EMPLOYMENT HISTORY**

LIST EMPLOYMENT RECORD SINCE THE AGE OF EIGHTEEN (18) STARTING WITH MOST RECENT POSITION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

FROM (MO/YR) /	TO (MO/YR) /	EMPLOYER NAME AND ADDRESS
TELEPHONE ( )		REASON FOR LEAVING
FROM (MO/YR) /	TO (MO/YR) /	EMPLOYER NAME AND ADDRESS
TELEPHONE ( )		REASON FOR LEAVING
FROM (MO/YR) /	TO (MO/YR) /	EMPLOYER NAME AND ADDRESS
TELEPHONE ( )		REASON FOR LEAVING
FROM (MO/YR) /	TO (MO/YR) /	EMPLOYER NAME AND ADDRESS
TELEPHONE ( )		REASON FOR LEAVING

**SECTION E – LICENSE/CERTIFICATION/REGISTRATION HISTORY**

LIST ANY PROFESSIONAL, OCCUPATIONAL AND VOCATIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS ISSUED BY ANY PUBLIC OR GOVERNMENTAL LICENSING BOARD, REGULATORY AUTHORITY WHICH YOU CURRENTLY HOLD OR PREVIOUSLY HELD. (Attach additional sheets if necessary)

ISSUING STATE	TYPE	NUMBER	EFFECTIVE DATES	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
ISSUING STATE	TYPE	NUMBER	EFFECTIVE DATES	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
ISSUING STATE	TYPE	NUMBER	EFFECTIVE DATES	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE

**SECTION F – DISCIPLINARY ACTIONS AND CONVICTIONS**

Have you ever been refused a professional, occupational or vocational license or certificate by any public or governmental licensing board, agency or regulatory authority, or has any such license or certificate held by you ever been revoked or suspended or otherwise subject to any type of disciplinary action? *If, yes, explain the circumstances fully in a separate statement and attach certified copies of revocation or denial documents for each offense.*

☐ YES ☐ NO

Have you ever been convicted, found guilty of, pled guilty or nolo contendere to any criminal offense other than minor traffic violations in this state or any other state? *If, yes, explain the circumstances fully in a separate statement and attach certified copies of court documents for each offense.*

☐ YES ☐ NO

Are there any criminal charges other than minor traffic violations pending against you in this or any other state? *If, yes, explain the circumstances fully in a separate statement and attach certified copies of arrest documents for each offense.*

☐ YES ☐ NO

Have you ever had a finding of child abuse, neglect or endangerment substantiated against you; a foster parent license denied, revoked or involuntarily suspended; or are you currently listed on the Department of Mental Health Employee Disqualification List? *If yes, explain the circumstances fully in a separate statement and attach certified copies of investigative reports for each offense.*

☐ YES ☐ NO

Do you have any allegations of child abuse, neglect or endangerment pending against you or any pending circumstances that might result in the denial, revocation, or involuntary suspension of a foster parent license or in your inclusion on the Department of Mental Health Employee Disqualification List? *If yes, explain the circumstances fully in a separate statement.*

☐ YES ☐ NO

**SECTION G – REQUIRED ATTACHMENTS**

1. One (1) sponsorship letter from a current or potential employer, training agency or school. *(If you are unable to obtain a sponsorship letter, submit a statement that explains why and identify those potential sponsors you approached along with 3 reference letters from persons who are knowledgeable of your character and employment history. The reference letters cannot be from someone related to or residing with you.)*
2. Your written description of the events that took place that resulted in each disqualifying offense. Include what happened, how it happened, why it happened, when and where it happened, and any person present at the time.
3. Your written explanation describing why you feel you do not pose a threat or risk to the health, safety or welfare of residents, clients or patients.
4. Copies of any professional, occupational or vocational licenses, certifications or registrations issued in Missouri or any other state.
5. Copies of documents identified in Sections B and F.

**SECTION H – APPLICANT AFFIDAVIT**

I do hereby affirm that all statements made in this application and on any attachments are true and correct to the best of my knowledge and belief. I understand that deliberate falsification of information herein may constitute grounds for my rejection for a Good Cause Waiver. I further affirm that I have read, understand and agree to abide by the provisions of Section 660.317, RSMo., and 19 CSR 30-82.060, Hiring Restrictions – Good Cause Waiver. Further, I hereby voluntarily consent to a thorough review and investigation of my criminal history, license status, present and past employment and other activities for the purpose of considering my request for a Good Cause Waiver.

APPLICANT SIGNATURE

DATE

MAIL COMPLETED FORM TO:

**GOOD CAUSE WAIVER PROGRAM**  
**Missouri Department of Health and Senior Services**  
**P.O. Box 570**  
**Jefferson City, MO 65102**